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Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

eforms

The Power of Attorney in the prior application is to:

FIRST NAMED INV	/ENTOR OR APPLICATION IDENTIFIER: Kevin A. Wanasek, et a
IIII E: Method ar	nd Apparatus for Delivering Multi-Directional Defibrillation Wave
600	CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this U documents referred to as enclosed therein are being deposited wi
5	documents referred to as enclosed therein are being deposited wi

Itility Patent Application Transmittal and the addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 791 727 US, on this 1915

ith the United States Postal Service, in an envelope Kathleen M. Altman MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 We are transmitting herewith the attached: Χ **Patent Application Transmittal** Х Specification: Total pages: 42 (including claims and abstract: Spec. 33 sheets; Claims 8 sheets; Abstract 1 X Drawings: Total sheets: 15 ☐ formal \boxtimes **Combined Declaration and Power of Attorney:** \boxtimes unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) П Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Χ Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement **PTO Form 1449** Copies of IDS citations **Preliminary Amendment** A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. . Amend the specification by inserting before the first line the sentence: -- This application is a of , filed application Serial No. , now allowed .--П Cancel in this application original claims __ _ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc.

` 	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed					
X	Address all future correspondence to:	Michael C. Soldner, Reg. No. 41,455 Telephone: (763) 514-4842 Customer No. 27581				

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	40	20	=	20	x 18	\$ 360.00
Independent Claims	4	3	=	1	x 86	\$ 86.00
Multiple Dependent Claims				0	+ 290	
Basic Filing Fee						\$770.00
				-	TOTAL	\$1,216.00

- X Charge Deposit Account No. 13-2546 in the amount of \$1,216.00 for the filing fee.
- The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

March 19, 2004

Michael C. Soldner, Reg. No. 41,455

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